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CHAPTER 7

SMOKING CONTROL POLICIES

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INTRODUCTION

This Chapter describes and evaluates policy measures that have affected, have been intended to affect, or might be expected to affect, smoking behavior. For current purposes, the term policy refers to a set of rules that guide the present and future behavior of individuals and organizations to achieve a specific goal. Smoking control policies encompass a diverse group of actions in both the public and private sectors. They share the common potential for reducing the burden of tobacco-induced illness by decreasing the prevalence and intensity of cigarette smoking in the United States.

The smoking control policies discussed here interact with and often complement non-policy activities, such as smoking cessation and prevention programs, described in Chapter 6. The distinction made here is that policies primarily involve the setting of rules, whereas nonpolicy activities are usually offered on a voluntary basis to smokers or potential smokers and attempt to influence directly the decision to smoke. The notion of policymaking is often associated primarily with government, but private sector organizations, such as schools, businesses, and health care facilities, have also set policies that influence smoking. Conversely, nonpolicy actions, such as voluntary smoking cessation programs, may be undertaken by Government units like Federal agencies or the Armed Forces, although most such activities are conducted by private organizations.

This Chapter covers tobacco control policies that have been adopted or seriously considered by Federal, State, and local governments and by the private sector, focusing on developments since the release of the first Surgeon General's Report in 1964. Each section reviews the history and rationale for adopting a particular policy, analyzes what is known about its impact on smoking behavior, and discusses related policies under serious consideration. While it would be ideal to determine the independent effect of each policy on public knowledge and smoking behavior, in many cases this is difficult to assess. Smoking control policies occur in a context of multiple social influences on smoking; individual policies overlap in time with each other and with the nonpolicy influences on smoking described in Chapter 6. Because relatively few studies adequately control for potentially confounding influences on smoking, it is often difficult to identify the effect of an individual policy on smoking behavior or knowledge. Chapter 8 considers the aggregate impact of antismoking activities and changing social norms over the past 25 years, including both policy and nonpolicy actions, on smoking.

The focus of the Chapter is necessarily on cigarettes; they are the predominant form of tobacco use, the cause of the overwhelming majority of tobacco-related diseases, and the subject of most policy efforts. Nonetheless, the Chapter also includes policies that target other forms of tobacco use. As with the rest of this Report, the Chapter's scope is limited to the United States; smoking control policies outside the United States have been reviewed by Roemer (1982, 1986). Furthermore, the Chapter does not cover tobacco trade policy, because it has limited relevance to smoking prevalence in the United States.

The targets of smoking-related policies are diverse; they include not only consumers (smokers) or potential consumers of tobacco products, but also suppliers, growers,

manufacturers, distributors, and vendors. To summarize the array of tobacco control policies that have been considered or adopted, this review follows a classification proposed by Walsh and Gordon (1986): (1) educational and persuasive efforts, (2) economic incentives, and (3) direct restraints on tobacco use, manufacture, or sales (Table 1). Policies in the first category aim to inform the public about the health risks of smoking and persuade individuals to stop, or not to start, smoking. The second group of policies involves market mechanisms that increase the costs of smoking to the manufacturer, the vendor, or the consumer of tobacco products. The third category includes public policies that directly reduce opportunities to smoke by limiting the sale or use of tobacco products or that attempt to reduce the toxicity of tobacco products by regulating their contents. In many instances, policies that are educational for consumers have a regulatory nature for suppliers. An example is the Federal Government's requirement that all cigarette packages carry a Surgeon General's warning. In these cases, policies are categorized according to their influence on consumers or potential consumers.

Although broad in its coverage, the Chapter is limited to policies that have been adopted or seriously considered for adoption in the near future. Considerations of space and emphasis have forced the exclusion of a few policies that have been discussed in both the news media and the academic literature. Perhaps most conspicuously, this Chapter includes no discussion of tobacco farm policy. In particular, the tobacco price support and allotment system (better known as the tobacco "subsidy") is not considered. The impact of this policy on smoking and health is indirect (Warner 1988). Similarly, no attempt is made in this Report to examine the issue of how governments might facilitate tobacco farmers' transition to other crops or careers (Warner et al. 1986b).

Furthermore, this Chapter does not discuss other activities that might have a substantial impact on smoking but are not properly categorized as policies. A prominent example is tobacco product liability suits, which seek to establish the legal liability of tobacco manufacturers for the tobacco-related illnesses of smokers (Daynard 1988). The lawsuits themselves are private matters, not policy issues, and while there are policy issues relevant to the lawsuits, the lack of a significant body of literature on the issues of interest precludes coverage of them. Finally, the Chapter does not treat in detail the strongest potential policy: a total ban on tobacco sales and use. Given the addictiveness of tobacco, the unique history of tobacco use (which was widespread and culturally accepted long before the hazards were fully appreciated) and the Nation's experience with alcohol prohibition, a total ban on tobacco is at present neither widely discussed nor likely to be adopted.

TABLE 1.—Past, present, and proposed tobacco control policies

Information and education	Economic incentives	Direct restraints on tobacco use
1. Require health warnings A. Packages B. Advertising	1. Increase tobacco taxation (e.g., excise tax)	1. Restrict smoking in certain places (e.g., public places, workplaces, schools, hospitals)
2. Require disclosure of constituents of tobacco products or smoke A. Tar, nicotine, carbon monoxide B. Tobacco product additives	2. Mandate insurance incentives A. Premium price differentials (smoker–nonsmoker) B. Cover smoking cessation treatment costs	2. Restrict distribution (sales) A. By age (minors) B. Via certain outlets (e.g., vending machines)
3. Mandate educational programs A. Schools B. Mass media	3. Reduce or eliminate tobacco price supports ^a	3. Regulate product composition
4. Issue Government reports	4. Establish legal liability of producers ^a	4. Ban manufacture, sale, or use ^a
5. Fund smoking research and programs		
6. Restrict or ban advertising and promotion		

^aNot discussed in this Report.

SOURCE: Modified from Walsh and Gordon (1986).

PART I. POLICIES PERTAINING TO INFORMATION AND EDUCATION

The majority of Government activity on smoking and health has consisted of providing information and education to the public (Walsh and Gordon 1986). This encompasses a broad range of policies whose primary aim is to warn the public about the health risks of smoking. This information might discourage individuals from starting or continuing to smoke, or at minimum permit them to be informed smokers. The informational message on smoking and health has broadened considerably since 1964, when the first Surgeon General's Report stimulated efforts to educate the public about the health effects of cigarette smoking. As further scientific knowledge accumulated on related topics, the content of information conveyed to the public expanded to include the health effects of using other tobacco products (US DHHS 1986c), the health consequences of involuntary tobacco smoke exposure (US DHHS 1986b), the addictive nature of smoking behavior (US DHHS 1988), and methods for quitting smoking (US DHEW 1979; US DHHS 1988).

Government efforts to warn the public about the dangers of tobacco use have included these activities: (1) requiring that some information about health risks be placed on packages of cigarettes and smokeless tobacco products and on advertisements; (2) requiring that schools teach curricula on smoking and health; (3) reducing the influence of prosmoking messages by regulating or restricting some types of cigarette advertising and promotion; (4) mandating the broadcast of antismoking messages on the electronic media in the late 1960s under the Federal Communication Commission's Fairness Doctrine; and (5) requiring the preparation of reports that summarize information on smoking and health and review public and private tobacco control activities. In addition, the Federal Government has encouraged and monitored the tobacco industry's testing and disclosure of the levels of certain tobacco smoke constituents.

In the private sector, information and education on smoking behavior and the health consequences of smoking have been provided by voluntary actions of health organizations, schools, health professionals, the mass media, and other groups and individuals. These efforts are described in Chapter 6.

This Section covers Federal, State, and local government actions whose goals are to inform and educate. It describes public policies of the past 25 years in the United States, summarizes available data on their effectiveness, and reviews the current status of policies under consideration. Finally, because funding levels have influenced the extent of Government's educational efforts, this Section also reviews the magnitude of Government expenditures on smoking and health.

Warning Labels on Tobacco Products

For the purpose of this Report, the term labeling is used to refer to the provision of health-related information on packages and in advertising. Warning labels could include either brief statements printed on tobacco packages or more detailed information placed on package inserts, similar to those required for pharmaceutical products.

History and Current Status

One of the earliest and best known mechanisms that the Federal Government used to inform the public about the health hazards of smoking was requiring that a warning label be placed on cigarette packages. Warning labels developed largely as a consequence of policy initiatives originated by the Federal Trade Commission (FTC) and subsequently modified by congressional action. This effort began shortly after January 11, 1964, when the Surgeon General released the Report of the Advisory Committee on Smoking and Health (US PHS 1964). Eleven days after the release of the Report, the FTC proposed three rules that would have required health warnings on cigarette packages and advertisements and imposed certain restrictions on cigarette advertising (FTC 1964a). The proposals were notable both for their comprehensiveness and for the speed with which they were published following the release of the Advisory Committee's Report. The FTC's proposed Rule 1 would have required that every cigarette advertisement and every pack, box, carton, and other container in which cigarettes were sold to the public carry one of the following warnings:

CAUTION: CIGARETTE SMOKING IS A HEALTH HAZARD: The Surgeon General's Advisory Committee on Smoking and Health has found that "cigarette smoking contributes substantially to mortality from certain specific diseases and to the overall death rate."

CAUTION: Cigarette smoking is dangerous to health. It may cause death from cancer and other diseases.

After a 6-month comment period and public hearings, the FTC issued its final rule on June 22, 1964; this was published in the *Federal Register* on July 2, 1964 (FTC 1964b). The final rule resembled Proposed Rule 1; it required that all cigarette advertising and every container in which cigarettes were sold to consumers disclose clearly and prominently that cigarette smoking is dangerous to health and may cause death from cancer and other diseases. However, the final rule did not specify the exact wording of the warning, which was left up to the tobacco companies to determine. January 1, 1965, was set as the effective date for the package warning, and July 1, 1965, for the warning on advertisements. The effective date for the package label was later delayed until July 1, 1965, in response to a congressional request (Fritschler 1969).

The FTC regulation was preempted before it took effect by the Federal Cigarette Labeling and Advertising Act of 1965 (Public Law 89-92), which was approved by Congress on July 1, 1965, and signed into law on July 27. This Act was the outcome of lengthy congressional debate in 1964 and 1965 about cigarette labeling requirements and advertising restrictions (Ernster 1988). The law, which became effective on January 1, 1966, was the first of a series of Federal statutes enacting labeling requirements for tobacco products (Table 2). Overall, the provisions of the law were less stringent than the FTC regulations they replaced. The law required that all cigarette packages contain the health warning "Caution: Cigarette Smoking May Be Hazardous to Your Health." However, it required no label on cigarette advertisements and temporarily (through June 1969) prohibited any government body, such as Federal regulatory agencies or States, from requiring a health warning in cigarette advertising. The Act also prohibited any health warning on cigarette packages other than the statement re-